

Apprenticeship Certificate Claim Form

The Apprenticeships, Skills, Children and Learning Act 2009 came into force in Wales on 23rd June 2013. Anyone starting an Apprenticeship after this date needs to give permission for their training provider to apply for their completion certificate, on their behalf. From this date, all training providers must use the revised Apprentice Learning Agreement (ALA) form.

The Certifying Authority¹ requires that the declarations below must be completed and signed by the third party facilitating the certificate completion claim. The completed form, and all other supporting achievement evidence, as per the specific framework requirements, must be uploaded to the Apprenticeship Certificates Wales (ACW) system as part of the claim process.

To be completed by the claimant:

Apprentice Name (BLOCK CAPITALS)			
Forename:		Middle Name:	
Surname:			

I declare that the Apprentice named above either:-

Tick as appropriate

- Started their Apprenticeship **on or after 23/6/13** and a signed and dated Apprentice Learning Agreement was in place for the duration of the Apprenticeship, and this has been retained by the training provider; ☐
- OR**
- Started their Apprenticeship **before 23/6/13** and an Apprentice Learning agreement was not required. ☐

I can evidence their achievement of all of the requirements of their chosen framework, as listed below:-

- The required separate Competency and Knowledge qualification **OR** the appropriate integrated/combined qualification.
- The required Essential Skills Wales/Key Skills (at the required level).
- Where applicable, achievement of the required standards of attainment for Employee Rights and Responsibilities (ERR).
- Where applicable, achievement of the required standards of attainment for Wider Key Skills.
- The minimum required levels of on and off the job training, as set out in the Apprenticeship framework document, have been met **and**;

Where required, I have the Apprentice's permission to apply for their Apprenticeship Completion Certificate, on their behalf.

Please tick to confirm all of the above requirements have been met:

☐

Claimant Name (Block Capitals)		Claimant Signature	Date of Signing
Forename:			
Surname:			
Please tick as appropriate:		Organisation Name (If applicable)	
Training Provider	<input type="checkbox"/>		
Employer	<input type="checkbox"/>		
Other – Please State	<input type="checkbox"/>		

¹ The Federation of Industry Sector Skills and Standards is the designated Certifying Authority for Wales.
ACW Universal Declaration/Authorisation Form V1 June 2013